

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A	45	5/20
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	7/2/7
2	200803050505
3	02/02/02/02/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
please attach additional sheet her

• NO NEW ACTIONS  
• Total of 124

(LEFT INSIDE)